

# TRANSMITTAL FORM

(to be used on all correspondence after initial filing)

ATTORNEY DOCKET NO.

**70065.0003USU1**

U.S. APPLICATION SERIAL NO.

**10/601,032**

CONFIRMATION NO.

**5177**

FILING DATE

**June 20, 2003**

INVENTOR(S)

**David J. HAMMOND et al.**

EXAMINER

**Amber D. STEELE**

GROUP ART UNIT

**1639**

TITLE OF APPLICATION

**Method for Identifying Individual Active Entities From Complex Mixtures**

ADDRESS TO:

**Commissioner for Patents  
P.O. BOX 1450  
ALEXANDRIA, VA 22313-1450**

## ENCLOSURES

- ☒ Transmittal Form
- ☒ Revocation and New Appointment of Power of Attorney and Change of Correspondence Address
- ☒ Statement Under 37 CFR 3.73(b)
- ☒ Return Postcard

☒ Please charge Deposit Account No. 13-2725 in the amount of \$0.00 to cover any required fees. In the event any variance exists between this amount and the Patent Office charges for filing the above-noted documents, including any fees required under 35 CFR 1.136 for any necessary extension of time to make the filing of the attached documents timely, please charge or credit the difference to Deposit Account No. 13-2725. Further, if these papers are not considered timely filed, then a request is hereby made under 37 CFR 1.136 for the necessary extension of time.

## CORRESPONDENCE ADDRESS

☒ The address associated with Customer Number: **23552** OR ☐ the correspondence address below.

Name

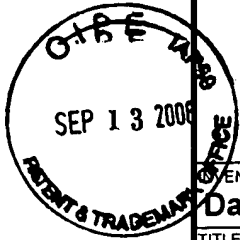
Address

City

State

Zip Code

NAME	Steven B. Kelber	REGISTRATION NO.	30,073
SIGNATURE		DATE	September 13, 2006
NAME	Suzanne E. Ziska	TELEPHONE	202 326-0300
		REGISTRATION NO.	43,371



<b>STATEMENT UNDER 37 CFR § 3.73(b)</b>		ATTORNEY DOCKET NO. <b>70065.0003USU1</b>	
		U.S. APPLICATION SERIAL NO. <b>10/601,032</b>	CONFIRMATION NO. <b>5177</b>
		FILING DATE <b>June 20, 2003</b>	
INVENTOR(S) <b>David J. HAMMOND et al.</b>		EXAMINER (If known) <b>Amber D. STEELE</b>	ART UNIT (If known) <b>1639</b>
TITLE OF APPLICATION <b>Method for Identifying Individual Active Entities From Complex Mixtures</b>			

The American Red Cross certifies that it is:

☒ the assignee of the entire right, title, and interest; or

☐ the assignee of less than the entire right, title and interest (the extent by percentage of its ownership interest is \_\_\_\_\_ %);  
of the application identified above by virtue of an assignment from the inventor(s) of the application identified above.

☒ The assignment was recorded in the United States Patent and Trademark Office at Reel 014816, Frame 0079.

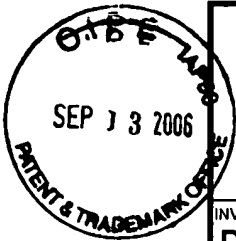
☐ A copy of the assignment is attached.

☐ Copies of assignments or other documents in the chain of title are attached.  
[NOTE: A true copy of the original assignment documents must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP § 302.08]

The undersigned (whose title is supplied below) is empowered to act on behalf of the assignee.

I hereby declare that all statements made herein of my own knowledge are true, and that all statements made on information and belief are believed to be true; and, further, that these statements are made with the knowledge that willful false statements, and the like so made, are punishable by fine, imprisonment, or both under Section 1001, Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature			
Name	Julie A. Ortmeier	Date	Sept 8, 2006
Title	Senior Counsel	Telephone	202-303-5356

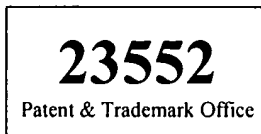


<b>REVOCATION AND NEW APPOINTMENT OF POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>		ATTORNEY DOCKET NO. <b>70065.0003USU1</b>			
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TITLE OF APPLICATION <b>Method for Identifying Individual Active Entities From Complex Mixtures</b>					

COMMISSIONER FOR PATENTS  
P.O. BOX 1450  
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I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint the practitioners associated with Customer Number



to transact all business in the U.S. Patent & Trademark Office in connection with this application.

Please change the correspondence address for the above-identified application to the address associated with the aforementioned Customer Number.

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest (See 37 CFR § 3.71). A statement under 37 CFR § 3.73(b) is enclosed.

SIGNATURE of Applicant of Record			
Signature			
Name	Julie A. Ortmeier	Title	Senior Counsel
Date	September 8, 2006	Telephone	202-303-5356
NOTE: Signatures of all of the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.			

A total of 1 form(s) is/are submitted.